•	115	S Pater				PTO/SE 11/30/2011. OMB PARTMENT OF C		
Under the Paperwork Reduction Act of 1995, no persons are require	ed to respond	to a co	llection of info	mation u	nless it displ	ays a valid OMB cor	ntrol number.	
POWER OF ATTORNEY OR		Application Number			10/501,671, Conf. #9947			
		Filing Date			June 28, 2005			
		First Named Inventor		ntor [Fumihide NISHIO			
REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY						ENTRATION PREPARATION OF IROMBOMODULIN		
AND CHANGE OF CORRESPONDENCE ADDRESS		Art Un	it	· ·	1651			
		Examiner Name			S.R. MACAULEY			
	7	Attorney Docket			2870-0486PUS1			
I hereby revoke all previous powers of attorney	aiven in t	the ab	ove-ident					
A Power of Attorney is submitted herewith.	<u>g</u>							
OR I hereby appoint Practitioner(s) associated with the for Number as my/our attorney(s) or agent(s) to prosecute identified above, and to transact all business in the U and Trademark Office connected therewith: OR I hereby appoint Practitioner(s) named below as my/and to transact all business in the United States Pater	ite the appl Inited State our attorne	olication es Pate	ent ragent(s) t	o prosec	0229	oplication identifie	ed above,	
Practitioner(s) Name Registra			ractitione			Registration Number	1	
Practitioner(s) Name Number								
Please recognize or change the correspondence ad X The address associated with the above-mention or The address associated with Customer Number OR	oned Cust			tified a	oplication	1 to:		
Firm or Individual Name								
Address								
City State				ip				
Country Telephon	ie		Į E	mail				
I am the: Applicant/Inventor. OR X Assignee of record of the entire interest. See Statement under 37 CFR 3.73(b) (Form PTO/Statement)	37 CFR 3 B/96) sub	3.71. omitted	d herewith	ı or filed	fon			
SIGNATURE of A	pplicant o	r Assi	gnee of Re	ecord				
	jamaguchi Date August 3					ıgust 3, 2	.009	
	-	Telepho						
1111 00111 46111100								Dharmo
Title and Company General Manager In NOTE: Signatures of all the inventors or assignees of record of	the entire	ctua interes	t or their re	presenta	Je od EM tive(s) are	required Submit	r	Corporat
forms if more than one signature is required, see below*.	, uie enule	, micres	ar of pich le	Picociila				COLPORA

*Total of

1

forms are submitted.